Late notification of pancreases split from potential multi-visceral blocs – a proposal

Background

Cambridge is the only unit in the UK performing multivisceral transplants (liver + small intestine + pancreas +/- stomach +/- colon) in adults. On occasion, Cambridge list patients for multivisceral transplantation due to portal vein thromboses (acute or chronic). These patients will generally go on to receive the planned multivisceral bloc, but there is a possibility that during the recipient's dissection phase it is decided that a liver-only transplant would be sufficient (i.e. less extensive PV thrombosis than originally thought). This decision is commonly made within an hour or so of cross-clamp in the DBD donor (the donor and recipient operations proceed almost simultaneously due to the limited cold ischaemic time tolerance of the intestinal allograft).

If a pancreas is made available for offering soon after donor cross-clamping, there may be limited time for any accepting implanting centre to call in a suitable recipient (and arrange PBL samples for cross-matching). In addition, the number of patients on the pancreas-only waiting list is low in the UK. Multivisceral donors are almost invariably young (less than 55 years of age), slim, and with favourable co-morbidities. Pancreases from these donors are often less suitable for islet isolation due to low BMIs.

Recent cases (n=2) have highlighted the complexity of the current pathway and the difficulties in achieving organ utilisation.

Given the above, the following proposal is made for consideration by PAG.

Proposal

When Cambridge accept a multivisceral bloc for PV thrombosis, a pancreas matching run will be generated and the organ is offered to the highest-ranking centre, and so on, until accepted or declined by all solid organ and islet centres (if necessary after fast-tracking). This offer would be a provisional offer, conditional on whether or not Cambridge decide if the full multivisceral bloc is required. If the full bloc is needed, the offer to the pancreas unit is withdrawn. If the liver only is needed, the PV will be divided in the usual way. Donor iliac vessels will follow the pancreas.

In order to facilitate SPK and SIK transplantation, one kidney will be held back from offering as a kidney-only implant until the final decision has been made regarding the destination of the pancreas, as above. If the pancreas is provisionally accepted for a pancreas-only (or islet-only implant), then the kidney will be offered in the usual manner. This issue will obviously need consideration by KAG.

If this proposal is accepted by PAG (and KAG), it is expected that the above policy would enable the best use of pancreases from these high-quality donors.

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